PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 27 AM 10:56

DOCUMENT # L 06000068353

1. Corporation Name

Tom Monaco LLC

THOMAS J MONACO, LLC

2. Principal Office Address		3. Mailing Office Address	
4076 S 125th Ave		**4076 S 125th Ave.**	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lake Worth, FL		**Lake Worth, FL**	
Zip	Country	Zip	Country
33467		**33467**	

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida: **January 30, 2004**

5. FEI Number: **41-2130731** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **Thomas J Monaco**

400078478374
08/08/06--01032--013 **200.00

Street Address (P.O. Box Number is Not Acceptable): **4076 S 125th Avenue**

Suite, Apt. #, Etc.:

City: **Lake Worth** State: **FL** Zip Code: **33467**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Thomas J Monaco Date: **7/18/2006**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	Thomas J Monaco	4076 S 125th Avenue	Lake Worth, FL 33467

REINSTATEMENT 05-06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Thomas J Monaco **Thomas J Monaco** **7/18/2006** **(561) 798-0728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #